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- a. ☒ A check in the amount of \$ 2,900.00 to cover the above fees is enclosed.
- b. ☐ Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees.
A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 16-0631. A duplicate copy of this sheet is enclosed.
- d. ☐ Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.

SEND ALL CORRESPONDENCE TO:

James H. PATTERSON
Patterson, Thunte, Skaar & Christensen, P.A.
4800 IDS Center
80 South 8th Street
Minneapolis, Minnesota 55402

SIGNATURE

James H. PATTERSON

NAME

30673

REGISTRATION NUMBER

Repln. Ref: 02/01/2006 WALVARAD 0019034700
Date: 10/06/05 Name/Number: 10554977
FC: 9204 \$1450.00 CR

PER VALUE ACCOUNTABILITY	
DEPOSIT ACCOUNT NO.	
16	0631
P/E CODE	VALUE PURCHASED
1631	300
2631	150
1633	200
2633	100
1642	800
2642	200

1615 400
2615 200
1614 1000
2614 800